



# CRITICAL AREAS REVIEW EXEMPTION APPLICATION

Community Development Department ♦ 80 Columbia Avenue ♦ Marysville, WA 98270  
(360) 363-8100 ♦ (360) 651-5099 FAX ♦ Office Hours: Monday - Friday 7:30 AM - 4:00 PM

FOR AGENCY USE	Date:	File:	Fee: \$
	OWNER	APPLICANT	CONTACT
Name			
Mailing Address			
City, State, ZIP			
Phone (home/office)			
Phone (cell)			
E-mail			
SITE INFORMATION			
Site Address			APN(s)
Legal Description (abbreviated)	Section	Township	Range
Comprehensive Plan	Zoning	Shoreline Environment	
Types of Critical Areas on Property† <u>Select all that apply.</u>	<input type="checkbox"/> Geologically Hazardous Area*		<input type="checkbox"/> Stream** (fish & wildlife habitat area)
	<input type="checkbox"/> Wetland**		<input type="checkbox"/> Stream Buffer**
† As defined in MMC Chapter 22E.010, Critical Areas Management. * If the property includes a geologically hazardous area, or a steep slope, a geotechnical report may be required with your application. ** If the property includes a wetland, wetland buffer, stream or stream buffer, a critical areas report may be required with your application.			
PROJECT INFORMATION			
Detailed Description of Proposed Activities			

*I am the owner, or I am authorized by the owner, to submit this request for a Critical Areas Exemption. I grant permission for public officials or their representatives to enter the subject property, if necessary, for the purpose of site inspection. I understand that this application does not vest to existing codes as a result of the Critical Areas Exemption application process, and that I will be subject to the existing codes in effect at the time a 'Determination of Completeness' has been made on the formal application.*

Owner/Owner's Agent

Date